

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150224	10. REPORTING WAIVER REQUEST: If the committee does
2. Type of Filing:	not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual
Original	campaign statements is waived. The Reporting Waiver will be
Amendment to Items: 4d Eff. Date: 04/19/2010	automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan
and last name): Committee to Elect Tom Paige	Association) a. Official Depository
4a. Candidate Full Name (Last, First, M.I.):	a. Official Depository
4b. Political Party (if applicable):	
4c. County of Residence:	b. Secondary Depository
4d. Office Sought (Check one):	b. Secondary Depository
Governor Lt. Governor State Senator	enterior. Contract
State Rep. Sec. of State Attorney Gen.	
State Bd. of Ed. UofM Reg. MSU Trustee	12. This item applies only to Gubernatorial Candidate
WSU Gov. Supreme Court Appeals Court	Committees: Check if this committee intends to seek qualifying
☐ Circuit Court ☐ Probate Court ☐ Probate Court	contributions or make qualifying expenditures.
Municipal Court Local or other please specify: Williams Charter Township Trustee	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.
4e. District/Circuit # or Jurisdiction:	apply to candidate committees that the with the county clerks office.
5. Date Committee was Formed:	The Campaign Finance Act requires any committee that files with the
6a. Committee Phone #:	Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to
6b. Committee Fax #:	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address:	
6d. Committee Website Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May <i>not</i> be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
8. Treasurer Name and Complete Address:	in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #:	Thomas W. Pain 04/19/10
E-mail Address:	Candidate 04/19/10
9. Designated Record Keeper Name and Complete Address:	,
	Lhomas W. Paige 04/19/10 Candidate Lhomas W. Paige 04/19/10 Current Treasurer
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Phone #: E-mail Address:	Designated Record Keeper (Required only if filing electronically)
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